CONSUMER EVALUATION

COMMUNITY REHABILITATION AND TREATMENT PROGRAMS

IN VERMONT: FY2001

TECHNICAL REPORT

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FOREWORD

Community mental health services for consumers with severe and persistent mental illness in Vermont are provided by Community Rehabilitation and Treatment (CRT) Programs administered by ten community mental health centers. The 2001 survey of consumers served by CRT Programs in Vermont is one part of a larger effort to monitor community mental health program performance from the perspective of service recipients and other stakeholders. These evaluations will be used in conjunction with other stakeholder assessments and with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder based evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. (The first survey of consumers in CRT Programs took place in 1997 and comparisons of between consumer responses in 1997 and 2001 will be published in a separate document.) These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing databases. Many of these indicators are published in the annual DDMHS Statistical Reports and weekly Performance Indicator Project data reports (PIPs), which are available in hard copy form from the Vermont DDMHS Research and Statistics Unit or online at : www.state.vt.us/dmh/datanew.htm.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of different indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's CRT Programs, the subjective evaluations of the consumers who were served.

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CONSUMER EVALUATION
COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the Fall of 2000 and Winter of 2001, the Adult Mental Health Unit of the Vermont Department of Developmental and Mental Health Services asked consumers to evaluate the Community Rehabilitation and Treatment (CRT) Programs for adults with severe and persistent mental illness in Vermont's ten Community Mental Health Centers. All consumers who received services from these programs during January through June of 2000 were sent questionnaires that asked for their opinion of various aspects of these services. A total of 1,170 consumers (50% of deliverable surveys) returned completed questionnaires. The survey instrument was based on the MHSIP Consumer Survey developed by a multi-state work group and modified as a result of input from Vermont stakeholders (see Appendix II). The Vermont consumer survey was designed to provide information that would help stakeholders to compare the performance of CRT Programs in Vermont.

Methodology

In order to facilitate comparison of Vermont's ten CRT Programs, the consumers' responses to twenty-one fixed alternative items were combined into five scales, and their responses to four open ended questions were combined into four narrative scales. The fixed alternative item scales focus on *overall* consumer evaluation of program performance, and evaluation of program performance with regard to *access, service*, *respect*, and *autonomy*. The narrative scales include frequency of *positive* and *negative comments* about program performance. Positive comments are further broken down into *positive comments about staff* and *positive comments about service*. In order to provide an unbiased comparison across programs, survey results were statistically adjusted to remove the effect of dissimilarities among the client populations served by different community programs. Measures of statistical significance were also adjusted to account for the proportion of all potential subjects who responded to the survey.

Overall Results

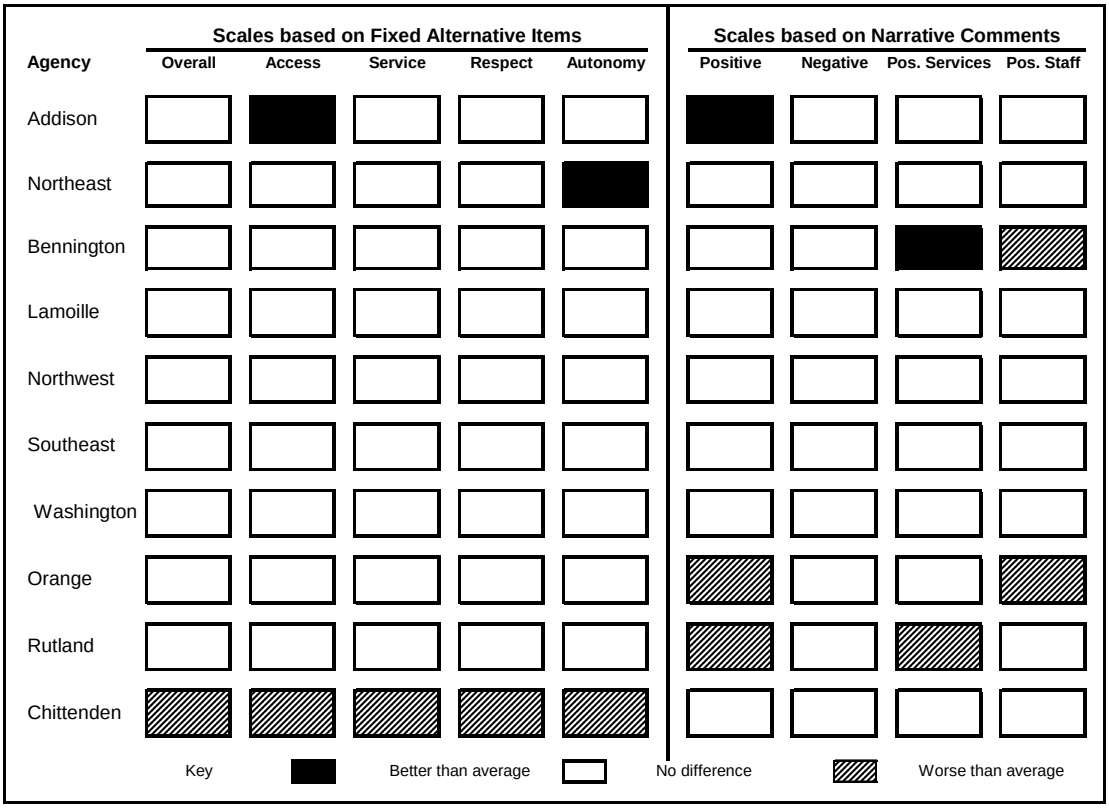
The majority of consumers served by CRT Programs in Vermont rated their programs favorably. On our *overall* measure of program performance, 82% of the respondents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than other aspects. Fixed alternative items related to *service*, for instance, received more favorable responses (82% favorable) than items related to *autonomy* (78% favorable) or *respect* (77% favorable).

In total 85% of the consumers provided narrative comments: positive comments about program performance were offered by 72% of the consumers and negative comments about program performance by 45% of the consumers. Statewide, 35% of the consumers made positive comments specifically about staff and 39% made positive comments specifically about services.

Overview of Differences Among Programs

In order to compare consumers' evaluations of CRT Programs in the ten regional Community Mental Health Centers, scores on each of the nine composite scales were compared to the statewide average for each scale. The results of this survey indicate that there were significant differences in consumers' evaluations of some of the state's ten CRT Programs.

Consumer Evaluation of Community Rehabilitation and Treatment Programs: FY2001



Examination of the scales based on fixed alternative items showed that the *access* to services scale score for Addison, and the a*utonomy* scale score for the Northeast region were significantly above the statewide average. The CRT Program in Chittenden received significantly lower scores on all five scales based on fixed alternative items (*overall, access, service, respect*, and *autonomy*). Consumer evaluations of the remaining seven regions, Bennington, Lamoille, Southeast, Washington, Orange and Rutland were not different from the statewide average on any of these scales.

For narrative scales, a higher than average proportion of consumers in Addison made *positive comments* about their program and a higher proportion of consumers in Bennington made *positive comments about services*. Rutland received lower scale scores on *positive comments* and *positive comments about services*; Orange received lower scale scores on *positive comments* and *positive comments about staff*. Fewer Bennington consumers than the statewide average made *positive comments about staff*. Scores for six regions, Lamoille, Chittenden, Northeast, Northwest Southeast, and Washington were not different from the statewide average on the narrative scales.

STATEWIDE RESULTS

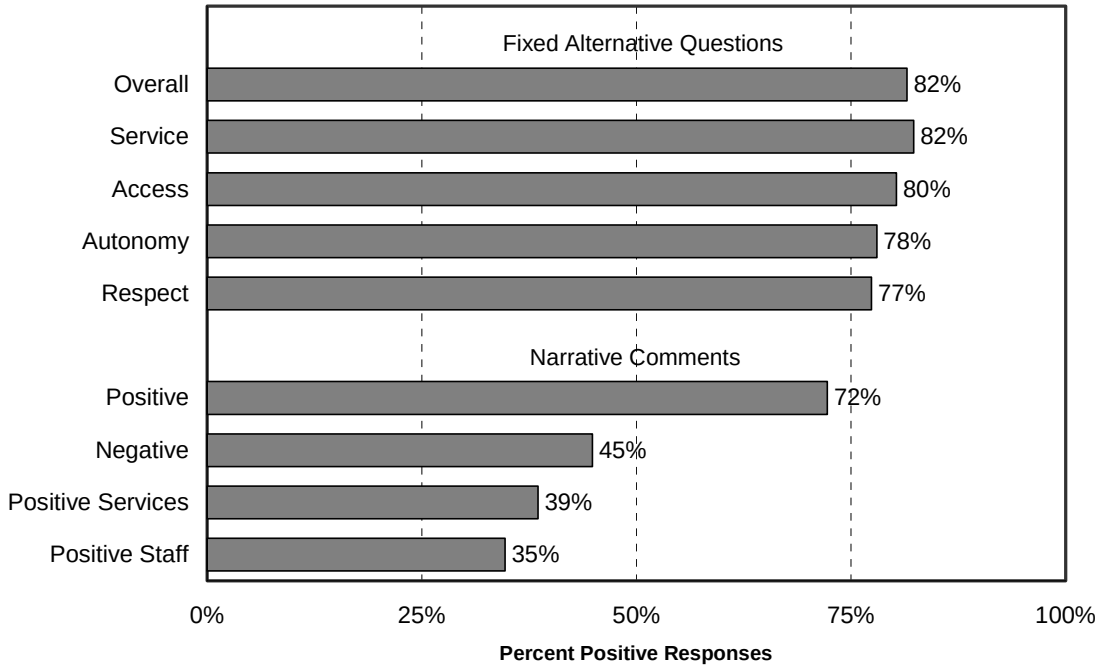
The majority of consumers served by CRT Programs at Community Mental Health Centers in Vermont rated their programs favorably. (Appendix V, Table 3 provides an item-by-item summary of responses to the fixed alternative questions.)

The most favorably rated items were “Staff treated me with respect” and "Services are available at times that are good for me", with 86% of the consumers agreeing or strongly agreeing with each of those items. Other favorably rated aspects of care (85% favorable) were "The location of the services is convenient" and “The services I received were helpful to me.”

The least favorably rated items related to participation in treatment planning and personal progress. Only 72% felt that "I, not staff, decide my treatment goals" and only 73% agreed that "I am satisfied with my progress in terms of growth, change and recovery".

There were significant differences in consumers' ratings of CRT Programs on the five scales derived from fixed alternative responses to the Vermont survey. More than 82% of consumers rated programs favorably *overall,* and the survey items related to *service*, for instance, received more favorable responses (82% favorable) than items related to *autonomy* (78% favorable*)* or *respect* (77% favorable). A high proportion of consumers (85%) provided narrative comments: 72% of consumers had made *positive comments* and 45% made *negative comments*. Further examination of the positive comments indicated 39% of consumers made specifically *positive comments about services* and 35% made *positive comments about staff*.

Consumer Evaluation
Community Rehabilitation and Treatment Programs Statewide: FY2001



DIFFERENCES AMONG PROGRAMS

Consumer evaluations of Community Rehabilitation and Treatment Programs at Vermont's ten Community Mental Health Centers on the fixed alternative survey items were generally favorable. In order to provide a comprehensive overall evaluation of program performance, consumer ratings of each program were compared to the statewide average for each of the scales (pages 27 and 29-39). These comparisons showed some variation between providers. Combined, these results provide a succinct portrait of consumers' evaluations of CRT Programs in Vermont in the period January to June 2000. .

The CRT Programs in Addison County and the Northeast each received significantly higher ratings than the statewide average for one of the scales based on fixed alternative survey questions: *access* to mental health services was rated higher in Addison and *autonomy* was rated higher in the Northeast. The CRT Programs at Bennington, Lamoille, Northwest, Southeast, Washington, Rutland and Orange were not rated differently from the statewide average on any of the scales based on fixed alternative questions.

The CRT Program in Chittenden was the least favorably rated with scores significantly less than the statewide average on all five fixed alternative scales (*overall, access, service, respect*, and *autonomy*).

Examination of the narrative scales showed that the CRT Program in Addison was rated higher than the statewide average on one scale, *positive comments.* Bennington was rated higher than average on one scale, *positive comments about services,* and lower than average on one scale*, positive comments about staff.* Consumers in Orange and Rutland rated their programs lower than average on two scales. The program in Orange received lower than average scores on the *positive comments* and *positive comments about staff* scales. The CRT Program in Rutland received lower than average scores on the *positive comments* and *positive comments about services* scales (see pages 27 and 39)

Overall Consumer Evaluation

The measure of *overall* consumer satisfaction with each of the ten Community Mental Health Center CRT Programs used in this study is based on consumers' responses to 21 fixed alternative questions. The composite measure of overall consumer satisfaction was created by counting the number of respondents with positive responses, that is, a mean score of one or 2. (For details of scale construction, see Appendix IV.) Consumers' overall ratings of the individual CRT Programs did not differ significantly from the statewide average (see pages 30 and 39).

Consumer Evaluation of Access

Consumers' perception of *access* to the services of the CRT Programs, our second composite measure, was derived from responses to five fixed alternative questions:

3. The location of the services is convenient.
4. Staff are willing to see me as often as I feel it is necessary.
6. Staff return my calls within 24 hours.
7. Services are available at times that are good for me.
8. I am able to get the services I need.

Statewide, over three quarters (78%) of the consumers rated their CRT Programs favorably on the *access* scale. Two Community Mental Health Centers were significantly different from the statewide average on this scale. The consumers of the CRT Program at Addison (89%), rated their access to services significantly more favorably and consumers at Chittenden rated their access significantly less favorably than the statewide average (see pages 31 and 39).

Consumer Evaluation of Service

Consumers' ratings of the quality of their CRT Program's *service*, our third composite measure, was derived from responses to six fixed alternative questions:

1. I like the services that I receive here.
2. I would recommend this agency to a friend or family member.
8. I am able to get the services I need.
20. Most of the services I receive are helpful.
21. Staff I work with are competent and knowledgeable.
22. Staff treat me with respect.

Statewide, over four fifths (82%) of the consumers rated their CRT Programs favorably on the *service* scale.

The CRT Program in Chittenden was rated lower than the statewide average. The scores for all other programs did not differ from the statewide average for this scale. (see pages 32 and 39).

Consumer Evaluation of Respect

Consumers' ratings of the respect with which they were treated, our fourth composite measure, was derived from responses to six fixed alternative questions:

6. Staff return my calls within 24 hours.
9. Staff believe I can grow, change, and recover.
10. My questions about treatment and/or medication are answered to my satisfaction.
11. I feel free to complain.
12. I have been given information about my rights.
13. Staff respect my rights.

Statewide, just over three quarters (77%) of the consumers rated their CRT Programs favorably on the *respect* scale. Only one of the Community Mental Health Centers was significantly different from the statewide average on this scale. The consumers at Chittenden rated the respect with which they were treated lower (70% favorable) than the statewide average. (see pages 33 and 39).

Consumer Evaluation of Autonomy

Autonomy our final composite measure based on responses to fixed alternative items includes the responses to five questions:

15. Staff encourage me to take responsibility for my life.
16. Staff tell me what side effect to watch out for.
17. Staff respect my wishes about who is, and is not, to be given information about my treatment.
18. I, not staff, decide my treatment goals.
19. Staff help me obtain the information I need to manage my illness.

Statewide, 78% of the consumers rated their CRT Programs favorably on the *autonomy* scale. Two CRT Programs were rated significantly differently from the statewide average on this scale. Consumers in the Northeast (84% favorable) reported that they had more autonomy and consumers in Chittenden (69% favorable) reported they had less autonomy than the reported statewide average (see pages 34 and 39).

Consumer Evaluation Based on Open ended Questions

In order to obtain a more complete understanding of the opinions and concerns of consumers, four open ended questions were included in the questionnaire:

1. What do you like most about the mental health services you have received?
2. What do you dislike about the mental health services you have received?
3. What services that are not now available would you like to have offered?
4. Other comments:

Over 85% of all respondents supplemented their responses to fixed alternative questions with written comments. These comments were coded and grouped to provide four additional indicators of satisfaction with CRT Programs. The first two indicators were the proportion of all respondents who made *positive comments* and the proportion who made *negative comments* about their CRT Program. *Positive comments* were further divided into *positive comments about services* and *positive comments about staff*.

Statewide, 72% of all respondents made *positive comments*, 45% made *Negative comments*, 39% offered *positive comments about services* and 35% *positive comments about staff*.

Consumers receiving services from the CRT Program in Addison were significantly more likely to offer *positive comments* (80% of all respondents), while consumers from Orange and Rutland were significantly less likely to offer *positive comments* (61% and 63% of all respondents). There were no significant differences between Community Mental Health Centers in terms of the *negative comments* made about their programs. Examination of the content of the positive comments showed that significantly more consumers in Bennington (52% of respondents) and significantly fewer consumers in Rutland (24% of respondents) made *positive comments about services* (52% of respondents*).* Significantly fewer consumers in Orange (23%) and Bennington (21%) made *positive comments about staff*. For details of scores, see pages 35-38 and 39.

APPENDIX I

LETTERS

Letter to CRT Program Directors

First Cover Letter

Follow-up Cover Letter

MEMO

TO: DA Executive Directors
DA CRT Program Directors

FROM: Paul Blake, Director, Division of Mental Health

DATE: September 7, 2000

RE: CRT Consumer Survey

I am writing to bring you up to date on plans for our second statewide CRT Consumer Survey. As in the previous survey, we will be mailing to consumers one agency at a time. Each program director will be notified when questionnaires will be sent to their clients. As in the past we will appreciate your help in encouraging consumers to share their candid assessments with us.

Over the next few months, questionnaires will be mailed to all CRT clients who were served during the first six months of 2000. Each questionnaire will be accompanied by a stamped envelope for direct return to DDMHS. Our adult mental health program staff will review the questionnaires, and our research staff will analyze the results and prepare a formal report of the findings. Results will be shared with you and other interested parties.

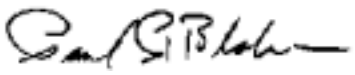
The questionnaire will be a slightly modified version of the questionnaire we sent to CRT clients three years ago. The questionnaire was designed by the Mental Health Statistics Improvement Program (MHSIP) Task Force on Mental Health Report Card. It was specifically designed for clients of programs for adults with serious and persistent mental illnesses. This questionnaire is currently being implemented in at least 14 states and at least 20 more states are planning implementation.

If a consumer asks one of your staff people about the questionnaire, I hope you will encourage that client to complete the questionnaire and to provide a full and honest assessment of your program. If a consumer asks one of your staff people for help in completing the questionnaire, I hope your staff will respond by providing unbiased assistance.

If a staff person does help a consumer complete a questionnaire, we would ask that this fact be indicated on the returned questionnaire.

If you feel that receipt of a consumer questionnaire by one of your CRT clients would cause serious problems, please notify Melinda Murtaugh at 241-2722 and that client's name will be removed from the mailing list. If you have any other questions, please feel free to contact Beth Tanzman (241-2604) about policy issues or John Pandiani (241-2638) about technical issues.

I thank you for your cooperation and look forward to the opportunity to discuss the findings with you.



PB/ld

Jim Sutton
63, Main Street
Newborough
VT 05999

October 16, 2000

Dear Jim:

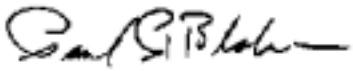
I am writing to you to help us evaluate community mental health services in Vermont. Your opinions and your responses are of great value to us. Your participation in this survey is voluntary, and your answers will have no effect on your health care coverage. «CLINIC» will not know that you are participating in the survey.

Your responses to this survey will not be available to anyone other than our research staff. Results will only be reported in aggregate form, and will not identify specific individuals. The code on the questionnaire will allow us to link your responses to information about your insurance coverage, and to assure that you do not receive another questionnaire after you answer this one.

We hope your response will help to improve the quality of health care received by Vermonters. If you would like to receive a summary of the results of this survey, please indicate so on the last page of the questionnaire. If you have any questions, please feel free to call Doug Clifton at 802-241-2604.

I thank you in advance for your participation.

Sincerely,



Paul R. Blake, Director
Division of Mental Health

PRB/ld
Enclosure

Jim Sutton
63, Main Street
Newborough
VT 05999

October 16, 2000

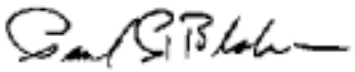
Dear Jim:

I am writing to encourage you to complete and return the mental health service evaluation you received several weeks ago. In case you did not receive the original survey, or misplaced it, I have enclosed another copy for your convenience. If you have already completed and returned your survey, please disregard this letter.

Thank you for your help on this important project.

Sincerely,
I thank you in advance for your participation.

Sincerely,



Paul R. Blake, Director
Division of Mental Health

PRB/ld
Enclosure

APPENDIX II

VERMONT COMMUNITY REHABILITATION AND TREATMENT

CONSUMER SURVEY

Vermont Mental Health Consumer Satisfaction Survey

Please circle the number that best represents your response to each of the following statements about the mental health services you have received from ***CMHC Name*** **Community Services**.

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1.	I like the services that I receive ….....	1	2	3	4	5
2.	I would recommend this agency to a friend or family member.....	1	2	3	4	5
3.	The location of the services is convenient.....	1	2	3	4	5
4.	Staff are willing to see me as often as I feel it is necessary.....	1	2	3	4	5
5.	I am satisfied with my progress in terms of growth, change, and recovery.....	1	2	3	4	5
6.	Staff return my calls within 24 hours.....	1	2	3	4	5
7.	Services are available at times that are good for me.....	1	2	3	4	5
8.	I am able to get the services I need.....……..	1	2	3	4	5
9.	Staff believe that I can grow, change, and recover.....	1	2	3	4	5
10.	My questions about treatment and/or medication are answered to my satisfaction……	1	2	3	4	5
11.	I feel free to complain.....	1	2	3	4	5
12.	I have been given information about my rights....	1	2	3	4	5
13.	Staff respect my rights.....	1	2	3	4	5
14.	I use and benefit from participation in peer support groups.....	1	2	3	4	5

Vermont Mental Health Consumer Satisfaction Survey
(Cont.)

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
15.	Staff encourage me to take responsibility for how I live my life.....	1	2	3	4	5
16.	Staff tell me what side effects to watch for.....	1	2	3	4	5
17.	Staff respect my wishes about who is, and is not, to be given information about my treatment.....	1	2	3	4	5
18.	I, not staff, decide my treatment goals.....	1	2	3	4	5
19.	Staff help me obtain the information I need to manage my illness.....	1	2	3	4	5
20.	Most of the services I receive are helpful.....	1	2	3	4	5
21.	Staff I work with are competent and knowledgeable.....	1	2	3	4	5
22.	Staff treat me with respect.....	1	2	3	4	5

1. What do you like most about the mental health services you have received?

2. What do you dislike about the mental health services you have received?

3. What services that are not now available would you like to have offered?

4. Other comments:

APPENDIX III

DATA COLLECTION

Project Philosophy

Data Collection Procedures

Consumer Concerns

PROJECT PHILOSOPHY

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of Community Rehabilitation and Treatment Programs in Vermont. These stakeholders, who are the intended audience for this report, include consumers, families, caregivers, program administrators, funding agencies, and members of the general public. The survey findings will be an important part of the local agency Designation process conducted by DDMHS. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give consumers who receive mental health services a voice and to provide a situation in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all consumers with a voice in the evaluation of their programs.

Second, questionnaires were not anonymous (although all responses are treated as personal/confidential information). An obvious code on each questionnaire allowed the research team to link survey responses with other data about respondents (e.g., age, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to any differences in the caseload of different programs, and to apply analytical techniques that control the effect of the bias. The ability to connect survey responses to personally identifying information also allowed Mental Health Division staff to contact respondents whenever strong complaints were received or potentially serious problems were indicated. In such cases respondents were asked if they wanted Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics, and to assure measures of statistical significance were sensitive to response rates achieved by this study. Both procedures are described in more detail in Appendix IV.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to every one of the 2,985 consumers who received services from CRT Programs in Vermont during January through June 2000. The questionnaires were mailed during October 2000 through March 2001 by the Mental Health Division Adult Mental Health Unit central office staff. Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I). The stated purpose of the questionnaire numbers was to allow the research team to identify non-respondents for follow-up, and to allow for the linkage of questionnaire responses to the Medicaid databases.

Before any questionnaires were mailed, a letter was sent to every Community Rehabilitation and Treatment Program Director. This letter described the project and asked the

program directors to identify any clients for whom receipt of the questionnaire could cause serious problems (see Appendix I). No individuals were identified as being at such risk.

Within six to ten weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I). This mailing included a follow-up cover letter, a copy of the original cover letter, and a second copy of the questionnaire. Although the interval between original and follow-up mailings was longer than for the equivalent 1997 survey, the final response rates were remarkably similar.

Useable questionnaires were received from 38% of all potential respondents. About 21% of the questionnaires were returned as undeliverable, and 36 (1%) were returned indicating that the person had died. Compared to the equivalent 1997 survey, the number of undeliverable surveys was high. Most were Medicaid recipients. The adjusted response rate, excluding undeliverable questionnaires and deceased persons, was 50% statewide. Adjusted response rates for individual CRT Programs varied from 36% to 60%. (See Appendix V, Table 1, for program by program response rates.) Response rates also differed by age and gender: consumers over 35 years of age (42%) were more likely to respond than those under 35 (29%), and women (42%) were more likely than men (36%) to respond.

Consumer Concerns

Written comments accompanied more than 85% of all returned questionnaires. Some of these comments expressed concerns of various kinds. Whenever a written comment indicated the possibility of a problem that involved the health or safety of a client, or that involved potential ethical or legal problems, a formal complaint procedure was initiated. Staff of the consumer satisfaction project hand-delivered a copy of the questionnaire to the Division of Mental Health staff person responsible for consumer complaints. Two staff people reviewed each complaint before referral. If follow-up was deemed appropriate, staff contacted the consumer (by telephone or mail) to volunteer the service of the Division staff in regard to the issue. When the consumer agreed, the Division invoked its customary procedures.

In this study, a total of 17 questionnaires were referred to the Vermont Division of Mental Health complaint procedure. These questionnaires included a wide variety of specific complaints: medication issues, inadequate health care, inadequate mental health services, dissatisfaction with staff, breach of confidentiality, assertions of abuse and exploitation, and others. All complaints were received directly from clients and all of the complaints except one (the client had moved out of the area) were deemed appropriate for follow-up. Four of the complainants were reached by telephone, three of whom requested follow-up by Department staff. One questionnaire specifically requested follow-up on a complaint with a community mental health center and was referred accordingly, Letters requesting permission to follow-up were sent to the other five complainants. Responses were received from two of these individuals. Local mental health service providers were contacted with regard to both of these complaints. Of the six complaints pursued by the Division of Mental Health, five concerned situations of which the local agencies were already aware. Two of the five were well known at the Division as well. One had a relatively short-term resolution that was satisfactory to the client, the outcome of another is unknown, and the remaining four are receiving continuing attention from the local agency involved, the Division of Mental Health, or both.

APPENDIX IV

ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Data Analysis

Discussion

Scale Construction

The Vermont survey of consumers who had been served by CRT Programs included twenty-two fixed alternative questions and four open-ended questions. Responses to the fixed alternative questions were entered directly into a computer database for analysis. Responses to the open ended questions were coded into twenty-two categories. For purposes of analysis, five scales were constructed from responses to the fixed alternative questions, and four scales for comments provided in responses to the open ended questions. On the fixed alternative questions, responses that indicated consumers Strongly Agree or Agree with the item were grouped to indicate a positive evaluation of program performance. Responses to open ended questions were coded as positive or negative and in terms of the topic of the comment.

Scales Based on Fixed Alternative Questions

Five scales were derived from the consumers' responses to the fixed alternative questions. The first of these scales is a global measure of the consumers' *overall* evaluation of their local CRT programs. The other four scales are subscales measuring the consumers' evaluations of specific aspects of their CRT Programs: evaluations of program performance in the areas of *access, service, respect* and *autonomy.*

Responses to the fixed alternative questions were entered directly into a computer database for analysis and then coded according to whether they were positive or not. The scores for the items that were answered were summed and divided by the number of items answered. This mean score then became the response for the given scale. Scale responses of '1' or '2' indicated a positive evaluation of program performance. Individuals who responded to less than half of the items in any scale were excluded from the computation for that scale. The numbers excluded from the analysis scale by scale were: *overall (*26, 2%), *access* (31, 3%), *service* (36, 3%), *respect* (38, 3%), and *autonomy* (1, <1%).

Overall consumer evaluation of Community Rehabilitation and Treatment Program performance, our first composite measure, uses 21 of the 22 fixed alternative questions. (Item 14, "I use and benefit from participation in peer support groups," was dropped because it was not possible to distinguish between the "use" and the "benefit" dimensions of the question.) The internal consistency of the *overall* scale, as measured by average inter-item correlation (Cronbach's Alpha), is .9692.

Access, our second composite measure was derived from consumer responses to five of the fixed alternative questions. The Items that contributed to this scale include:

3. The location of the services is convenient.
4. Staff are willing to see me as often as I feel it is necessary.
6. Staff return my calls within 24 hours.
7. Services are available at times that are good for me.
8. I am able to get the services I need.

The *access* scale was constructed for all individuals who had responded to at least three of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha), is .8691.

Evaluation of *service*, our third composite measure was derived from consumer responses to six of the fixed alternative questions. The items that contributed to this scale are:

1. I like the services that I receive here.
2. I would recommend this agency to a friend or family member.
8. I am able to get the services I need.
20. Most of the services I receive are helpful.
21. Staff I work with are competent and knowledgeable.
22. Staff treat me with respect.

The *service* scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha), is .9418.

Respect, our fourth composite measure was derived from consumer responses to six fixed alternative questions. The Items that contributed to this scale include:

6. Staff return my calls within 24 hours.
9. Staff believe I can grow, change, and recover.
10. My questions about treatment and/or medication are answered to my satisfaction.
11. I feel free to complain.
12. I have been given information about my rights.
13. Staff respect my rights.

The *respect* scale was constructed for all individuals who had responded to at least four items in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale, and that scale was dichotomized as described above. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha), is .8921.

Autonomy, our final composite measure was derived from consumer responses to five fixed alternative questions. The items that contributed to this scale include.-

15. Staff encourage me to take responsibility for my life.
16. Staff tell me what side effect to watch out for.
17. Staff respect my wishes about who is, and is not, to be given information about my treatment.
18. I, not staff, decide my treatment goals.
19. Staff help me obtain the information I need to manage my illness.

The *autonomy* scale was constructed for all individuals who had responded to at least three items used in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale, and that scale was dichotomized as described above. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha), is .8809.

Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of consumers of CRT services in Vermont, four open ended questions were included:

1. What do you like most about the mental health services you have received?
2. What do you dislike most about the mental health services you have received?
3. What could your mental health center do to improve?
4. Other comments?

Of the 1,170 respondents, 85% supplemented their responses to fixed alternative questions with written comments. These written responses were coded and grouped to provide four additional indicators of consumer satisfaction with Community Rehabilitation and Treatment services. The first indicator derived from consumer responses to the open ended questions was the proportion of all respondents who made *positive* comments about their CRT Program, and the second indicator was the proportion of all respondents who made *negative* comments about their CRT Programs. In order to provide more specificity, positive comments were further subdivided into *positive comments about staff* and *positive comments about services.*

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten Community Rehabilitation and Treatment Programs, two statistical correction/adjustment procedures were incorporated into the data analysis. First, a "finite population correction" was applied to results to adjust for the high proportion of all potential respondents who returned useable questionnaires. Second, a statistical "case-mix adjustment" helped to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

Finite Population Correction

Consumer satisfaction surveys, intended to provide information on a finite number of people served by community mental health programs, can achieve a variety of response rates. Just over 50% of all potential respondents to this survey, for instance, returned useable questionnaires. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. This confidence interval is derived by multiplying the standard error of the mean for the sample by 1.96.

In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a "finite population correction" can be added to the computation. The corrected confidence interval is derived by multiplying the uncorrected confidence interval by $\sqrt{1 - n/N}$, where n is the number of observations and N is the total population under examination.

The statistical significance of all findings in the body of this report have been computed using this finite population correction.

Case-Mix Adjustment

In order to compare the performance of Vermont's CRT Programs, each of the nine measures of consumer satisfaction described above were statistically adjusted to account for differences in the case-mix of the ten programs in terms of client characteristics. The client characteristics that were tested included age, gender, the volume of service received, and diagnosis (affective disorder, or schizophrenia). This process involved three steps. First, statistically significant differences between the caseloads of the community programs in terms of client characteristics were identified. Second, client characteristics that were statistically related to variation in consumer evaluation of CRT Programs were identified and compared to the case-mix differences between programs. Finally, variables that were statistically related to both case-mix and satisfaction with services were used to adjust the raw measures of satisfaction for each community program. The relationship of each of our nine scales to client characteristics and the variation of each across programs is described in the following table:

Risk Adjustment: Statistical Significance of Differences

	Potential Risk Adjustment Factors				
	Age	Gender	Service Volume	Affective Disorder	Schizophrenia
Provider Case-mix	*		*	*	*
Fixed Alternative Scales					
Overall	*		*		
Access	*				
Service	*		*		
Respect	*				
Autonomy	*		*		
Narrative Scales					
Positive		*		*	*
Negative	*		*		*
Services		*		*	*
Staff					

Four of the five potential risk adjustment factors were found to vary among CRT Programs at a statistically significant level (*p.*<.10). These factors include age, volume of service received, the proportion having a diagnosis of affective disorder, and the proportion having a diagnosis of schizophrenia. Programs did not differ in case-mix in terms of the gender of the consumers they served.

Among the scales derived from responses to fixed alternative items, the *overall, service* and a*utonomy* scales were significantly related to age and service volume. The a*ccess, respect* and *staff* scales were significantly related to age only. Consumers who were over 35 rated their CRT Programs significantly more favorably on these scales than those under 35. Consumers receiving a high volume of service (2 or more units of service per month) viewed their programs significantly less favorably than those receiving less than 2 units of service per month. As scores on these scales varied among programs and were related to the risk factors, the scales were risk adjusted before scores for different programs were compared.

Among the scales derived from narrative comments, the scores for general *positive comments* and *positive comments about services* scales were significantly related to the proportion of respondents with diagnoses of schizophrenia and affective disorder, both being factors that varied among programs. The *negative comments* scale was significantly related to age, service volume and the proportion of respondents with a diagnosis of schizophrenia. These two scales were also risk adjusted before scores for different programs were compared.

Whenever a statistical adjustment of survey results was necessary to provide an unbiased comparison of CRT Programs, the analysis followed a four-step process. First, the respondents from each community program were divided into the number of categories resulting from the combination of risk adjustment factors. When service volume alone is required, three categories are used. When service volume (three categories) and age (three categories) adjustments are both indicated, nine categories result. Second, the average (mean) consumer rating was determined for each of these categories. Third, the proportion of all CRT Program clients, statewide, who fell into each category was determined. Finally, the mean consumer rating for each category was multiplied (weighted) by the statewide proportion of all potential respondents within that category. The results were summed to provide a measure of consumer rating that is free of the influence of differences in the case-mix of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

$$\sum w_i \overline{X_i}$$

Where "w_i " is the proportion of all potential respondents who, for example, fall into age category "i", and "$\overline{X_i}$ " is the average level of satisfaction for people in age group "i.

When one of the categories used in this analysis includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If it is decided that the difference is within reason, the empty category was collapsed into an adjacent category and the process described above was repeated using the smaller set of categories.

Discussion

Both of the statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey and the unique characteristics of Vermont's Community Mental Health Programs. Finite population correction provides the narrower confidence intervals that are appropriate to a study, which obtains responses from a large proportion of all potential respondents. Statistical adjustment for difference in case-mix allows researchers and program evaluators to appropriately compare the performance of programs that serve people with different demographic and clinical characteristics, and different patterns of service utilization.

In the Vermont CRT Survey, the finite population correction had a considerable impact on the statistical significance of the results of the consumer satisfaction survey. The statistical adjustment designed to correct for differences in case-mix across provider organizations also had some impact on the survey results. This pattern is the result of specific characteristics of the Vermont survey and the Vermont system of care.

The Vermont CRT survey had a moderate response rate, and there were differences in the client populations of the ten programs in areas that were related to consumer satisfaction. The relative impact of these statistical adjustments will be very different in situations where response rates are lower and/or case-mix differences are less substantial.

APPENDIX V

TABLES AND FIGURES

Response Rates by Program

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 1

Response Rates by Program

Region - CMHC		Number					Response Rate	
		Mailed	Undeliverable	Deceased	Deliverable	Returned	% Mailed	% Deliverable
Statewide		2,985	631	36	2,318	1,170	39%	50%
Addison	-CSAC	180	37	3	140	68	38%	49%
Bennington	-UCS	180	28	4	148	89	49%	60%
Chittenden	-HCHS	611	113	5	493	222	36%	45%
Lamoille	-LCMHS	126	32	2	92	33	26%	36%
Northeast	-NEK	364	44	3	317	187	51%	59%
Northwest	-NCSS	287	89	1	197	86	30%	44%
Orange	-CMC	117	17	1	99	52	44%	53%
Rutland	-RMHS	309	50	7	252	135	44%	54%
Southeast	-HCRSSV	377	125	5	247	125	33%	51%
Washington	-WCMHS	434	96	5	333	173	40%	52%

Table 2

Positive Scale Scores by Program

		Scales based on Fixed Alternative Items					Scales based on Narrative Comments			
Region	-CMHC	Overall	Access	Service	Respect	Autonomy	Positive	Negative	Pos. Svcs	Pos. Staff
Statewide	median	82%	80%	82%	77%	78%	72%	45%	39%	34%
Addison	-CSAC	85%	**89%**	88%	86%	81%	**80%**	45%	41%	32%
Bennington	-UCS	80%	78%	81%	75%	77%	72%	42%	**52%**	**21%**
Chittenden	-HCHS	**74%**	**75%**	**76%**	**70%**	**69%**	70%	44%	38%	39%
Lamoille	-LCMHS	74%	84%	75%	79%	70%	82%	31%	44%	34%
Northeast	-NEK	85%	84%	84%	82%	**84%**	75%	42%	38%	42%
Northwest	-NCSS	75%	75%	80%	72%	69%	82%	44%	38%	36%
Orange	-CMC	85%	87%	89%	81%	80%	**61%**	40%	41%	**23%**
Rutland	-RMHS	85%	84%	85%	82%	81%	**63%**	48%	**24%**	36%
Southeast	-HCRSSV	79%	76%	78%	74%	73%	68%	44%	37%	33%
Washington	-WCMHS	83%	80%	84%	78%	78%	76%	44%	41%	39%

Scores in bold typeface indicate scores that are significantly different from the statewide average ($p<.05$).

Table 3

Positive Responses to Individual Questions by Program

State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
Staff treat me with respect										
86%	92%	83%	81%	79%	93%	84%	91%	91%	79%	87%
Services are available at times that are good for me										
86%	91%	84%	83%	94%	89%	81%	91%	87%	84%	85%
The location of the services is convenient										
85%	91%	85%	80%	85%	91%	78%	96%	84%	88%	85%
Most of the services I receive are helpful										
85%	88%	81%	79%	91%	87%	79%	89%	89%	84%	87%
Staff I work with are competent and knowledgeable										
84%	87%	81%	76%	82%	87%	83%	91%	87%	81%	87%
I like the services that I receive										
83%	85%	79%	78%	84%	88%	82%	85%	85%	81%	84%
Staff respect my rights										
82%	88%	80%	78%	81%	87%	78%	87%	87%	76%	82%
Staff respect my wishes about who is, and is not, to be given information about my treatment										
82%	86%	80%	75%	81%	88%	78%	84%	88%	79%	82%
Staff encourage me to take responsibility for how I live my life										
82%	87%	83%	75%	82%	84%	78%	78%	83%	85%	85%
Staff are willing to see me as often as I feel it is necessary										
80%	88%	73%	75%	91%	82%	80%	83%	84%	80%	81%
My questions about treatment and/or medication are answered to my satisfaction										
79%	84%	76%	72%	82%	85%	80%	84%	84%	74%	81%
I feel free to complain										
79%	88%	76%	74%	78%	80%	77%	91%	80%	74%	80%
I have been given information about my rights										
79%	85%	71%	72%	76%	84%	73%	86%	87%	75%	79%
I would recommend this agency to a friend or family member										
79%	85%	72%	73%	82%	82%	74%	81%	85%	80%	78%
I am able to get the services I need										
78%	75%	77%	76%	79%	83%	72%	77%	83%	79%	80%
Staff help me obtain the information I need to manage my illness										
77%	82%	72%	73%	77%	83%	74%	73%	79%	75%	79%
Staff return my calls within 24 hours										
77%	74%	74%	72%	81%	86%	76%	82%	78%	75%	76%
Staff believe that I can grow, change, and recover										
74%	76%	78%	70%	78%	72%	68%	76%	73%	71%	81%
Staff tell me what side effects to watch for										
74%	73%	73%	65%	76%	84%	72%	83%	82%	64%	71%
I am satisfied with my progress in terms of growth, change, and recovery										
73%	75%	70%	69%	85%	71%	78%	77%	69%	76%	77%
I, not staff, decide my treatment goals										
72%	73%	74%	65%	69%	72%	73%	66%	75%	74%	78%
Average										
80%	84%	77%	74%	81%	84%	77%	83%	83%	78%	81%

PROVIDER COMPARISONS

Overall Evaluation

Evaluation of Access

Evaluation of Service

Evaluation of Respect

Evaluation of Autonomy

Positive Narrative Comments

Negative Narrative Comments

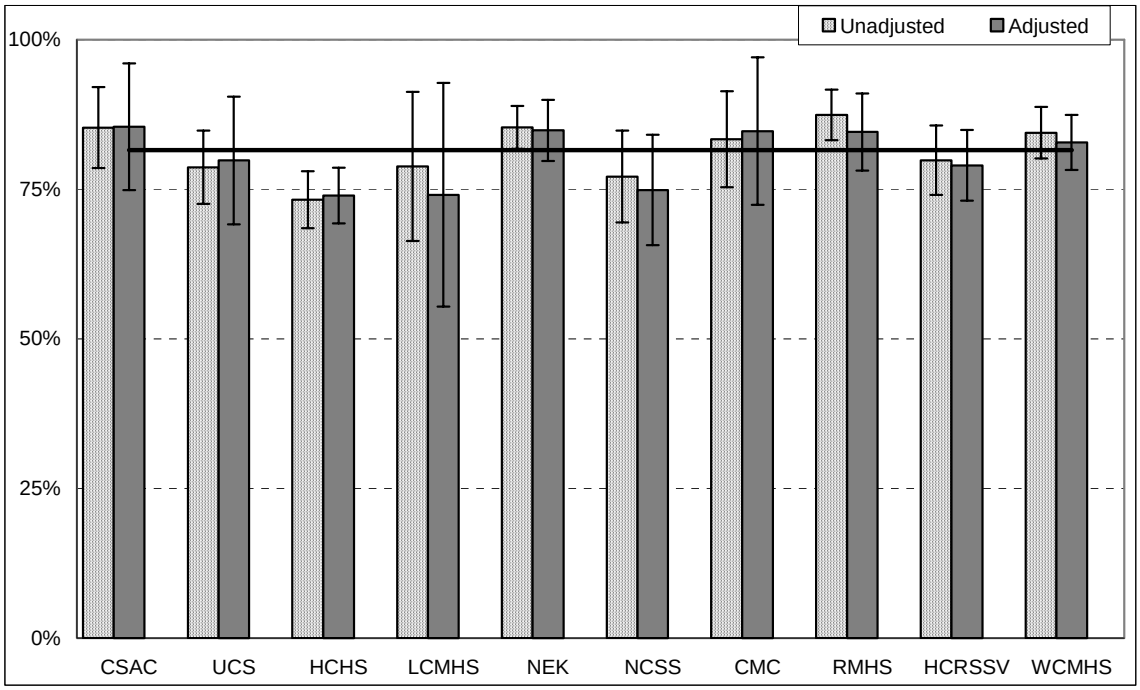
Positive Comments about Services

Positive Comments about Staff

Positive Evaluation of Programs

Overall Evaluation

Consumers Served by CRT Programs in Vermont



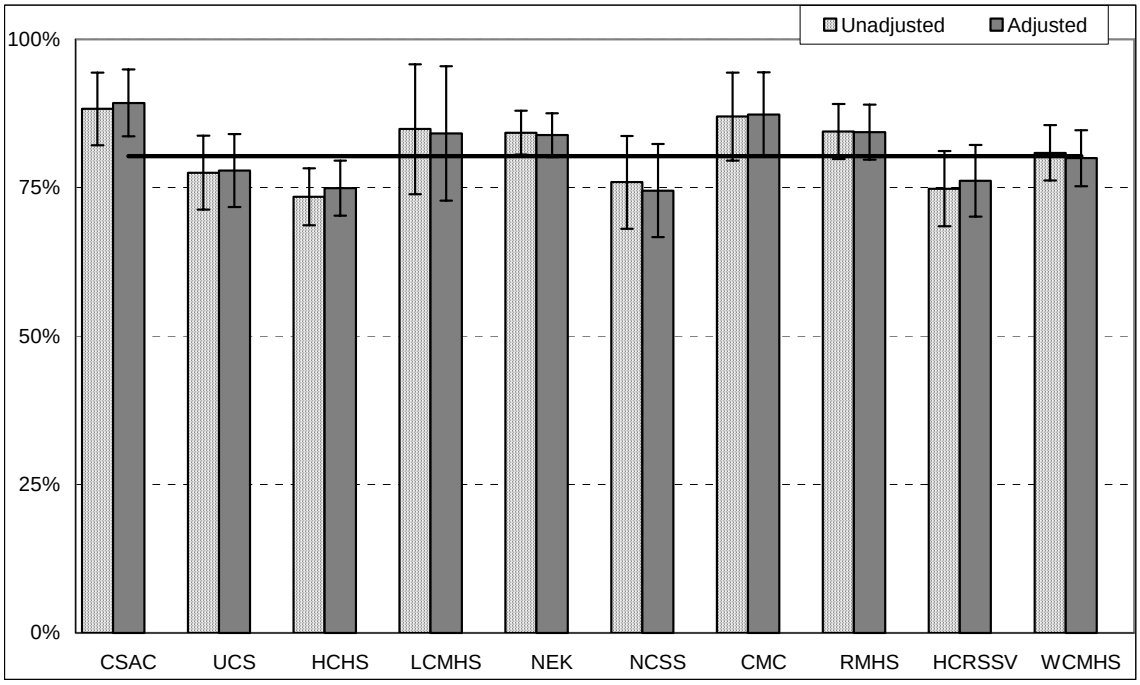
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	68	58	85%	(79%-92%)	85%	(75%-96%)	
Bennington - UCS	89	70	79%	(73%-85%)	80%	(69%-90%)	
Chittenden - HCHS	213	156	73%	(68%-78%)	74%	(69%-79%)	*
Lamoille - LCMHS	33	26	79%	(66%-91%)	74%	(55%-93%)	
Northeast - NEK	184	157	85%	(82%-89%)	85%	(80%-90%)	
Northwest- NCSS	83	64	77%	(69%-85%)	75%	(66%-84%)	
Orange - CMC	48	40	83%	(75%-91%)	85%	(72%-97%)	
Rutland - RMHS	135	118	87%	(83%-92%)	85%	(78%-91%)	
Southeast- HCRSSV	124	99	80%	(74%-86%)	79%	(73%-85%)	
Washington - WCMHS	167	141	84%	(80%-89%)	83%	(78%-87%)	
Statewide	1144	929	82%		82%		

[1] Statistically adjusted to reflect caseload composition by age and service volume statewide

* Significantly different from average overall evaluation statewide (p =.05)

Evaluation of Access

Consumers Served by CRT Programs in Vermont



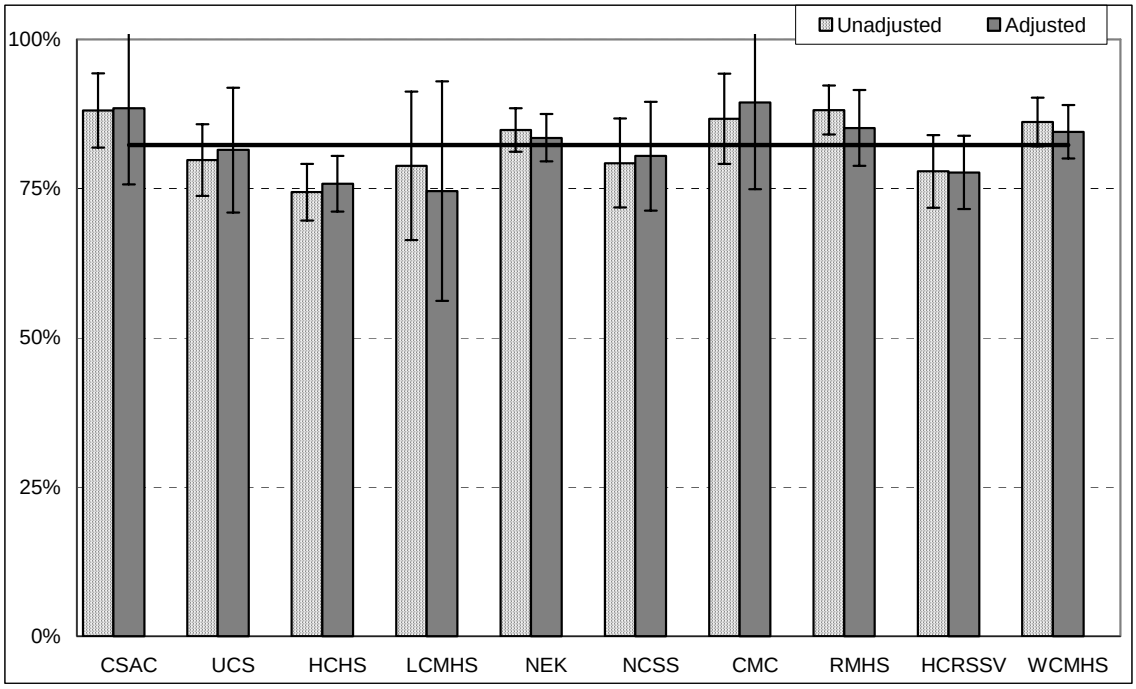
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	68	60	88%	(82%-94%)	89%	(84%-95%)	*
Bennington - UCS	83	63	78%	(71%-84%)	78%	(72%-84%)	
Chittenden - HCHS	211	155	73%	(69%-78%)	75%	(70%-80%)	*
Lamoille - LCMHS	33	28	85%	(74%-96%)	84%	(73%-95%)	
Northeast - NEK	123	92	84%	(81%-88%)	84%	(80%-88%)	
Northwest- NCSS	184	155	76%	(68%-84%)	75%	(67%-82%)	
Orange - CMC	46	40	87%	(80%-94%)	87%	(80%-94%)	
Rutland - RMHS	135	114	84%	(80%-89%)	84%	(80%-89%)	
Southeast- HCRSSV	89	69	75%	(68%-81%)	76%	(70%-82%)	
Washington - WCMHS	167	135	81%	(76%-85%)	80%	(75%-85%)	
Statewide	1139	911	80%		80%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average evaluation of access statewide (p =.05)

Evaluation of Service

Consumers Served by CRT Programs in Vermont



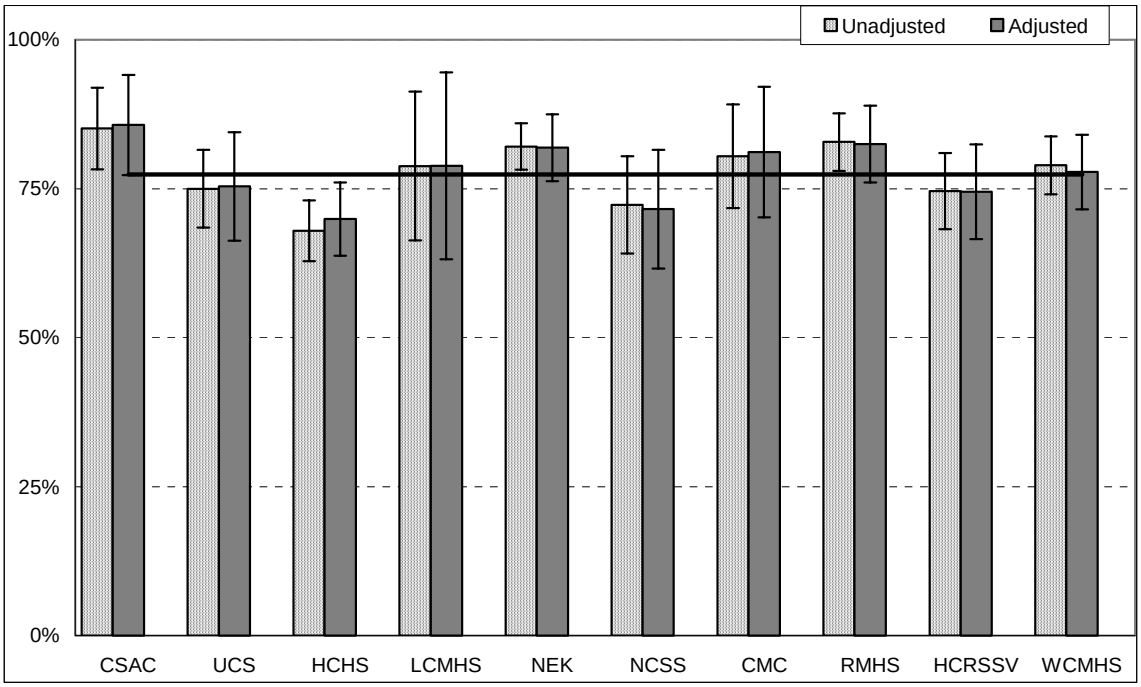
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	67	59	85%	(82%-94%)	88%	(76%-101%)	
Bennington - UCS	82	65	79%	(74%-86%)	81%	(71%-92%)	
Chittenden - HCHS	211	157	73%	(70%-79%)	76%	(71%-80%)	*
Lamoille - LCMHS	33	26	79%	(66%-91%)	75%	(56%-93%)	
Northeast - NEK	122	95	85%	(81%-88%)	84%	(80%-87%)	
Northwest- NCSS	184	156	77%	(72%-87%)	80%	(71%-90%)	
Orange - CMC	45	39	83%	(79%-94%)	89%	(75%-104%)	
Rutland - RMHS	135	119	87%	(84%-92%)	85%	(79%-92%)	
Southeast- HCRSSV	89	71	80%	(72%-84%)	78%	(72%-84%)	
Washington - WCMHS	166	143	84%	(82%-90%)	84%	(80%-89%)	
Statewide	1134	930	82%		82%		

[1] Statistically adjusted to reflect caseload composition by age and service volume statewide

* Significantly different from average evaluation of service statewide (p =.05)

Evaluation of Respect

Consumers Served by CRT Programs in Vermont



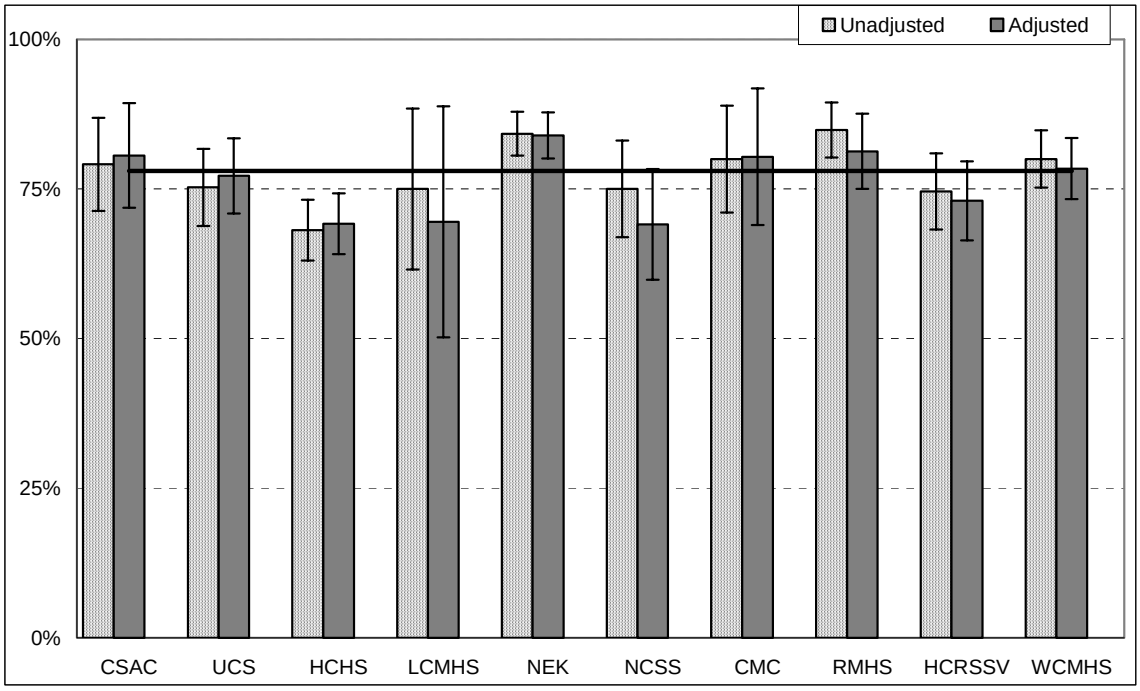
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	67	57	85%	(78%-92%)	86%	(77%-94%)	
Bennington - UCS	83	60	75%	(69%-81%)	75%	(66%-84%)	
Chittenden - HCHS	209	142	68%	(63%-73%)	70%	(64%-76%)	*
Lamoille - LCMHS	33	26	79%	(66%-91%)	79%	(63%-94%)	
Northeast - NEK	122	91	82%	(78%-86%)	82%	(76%-87%)	
Northwest- NCSS	184	151	72%	(64%-80%)	72%	(62%-82%)	
Orange - CMC	46	37	80%	(72%-89%)	81%	(70%-92%)	
Rutland - RMHS	134	111	83%	(78%-88%)	82%	(76%-89%)	
Southeast- HCRSSV	88	66	75%	(68%-81%)	74%	(67%-82%)	
Washington - WCMHS	166	131	79%	(74%-84%)	78%	(72%-84%)	
Statewide	1132	872	77%		77%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average evaluation of respect statewide (p =.05)

Evaluation of Autonomy

Consumers Served by CRT Programs in Vermont



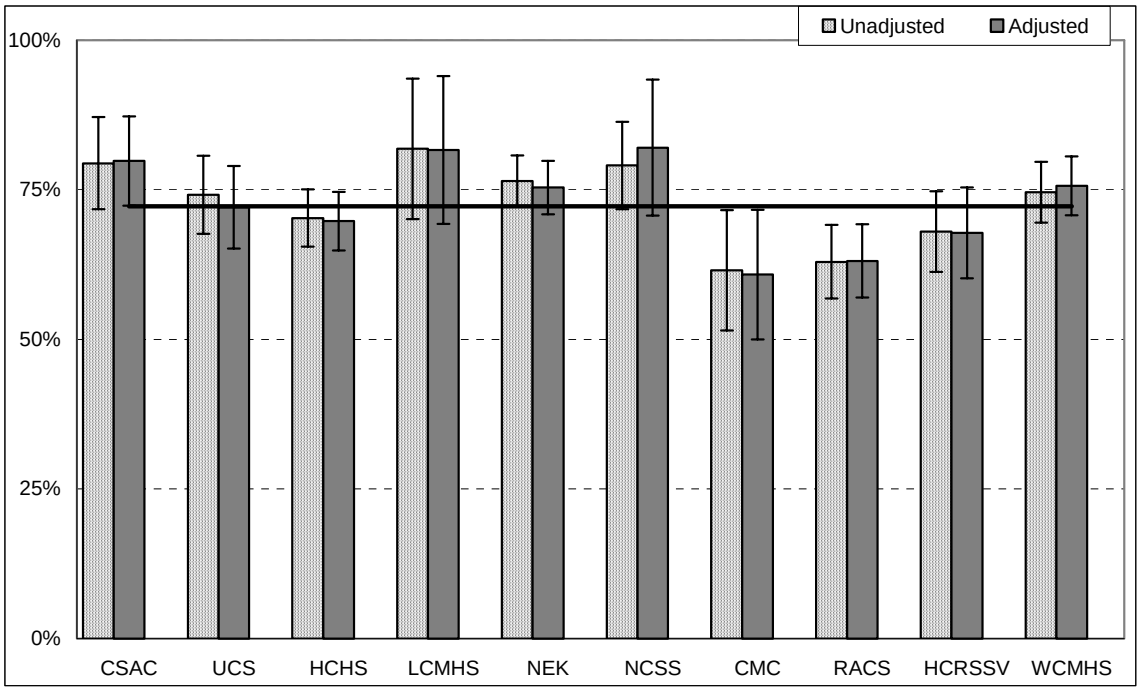
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	67	53	79%	(71%-87%)	81%	(72%-89%)	
Bennington - UCS	80	60	75%	(69%-82%)	77%	(71%-83%)	
Chittenden - HCHS	207	141	68%	(63%-73%)	69%	(64%-74%)	*
Lamoille - LCMHS	32	24	75%	(62%-88%)	70%	(50%-89%)	
Northeast - NEK	122	91	84%	(81%-88%)	84%	(80%-88%)	*
Northwest- NCSS	184	155	75%	(67%-83%)	69%	(60%-78%)	
Orange - CMC	45	36	80%	(71%-89%)	80%	(69%-92%)	
Rutland - RMHS	132	112	85%	(80%-89%)	81%	(75%-88%)	
Southeast- HCRSSV	89	67	75%	(68%-81%)	73%	(66%-80%)	
Washington - WCMHS	165	132	80%	(75%-85%)	78%	(73%-84%)	
Statewide	1123	871	78%		78%		

[1] Statistically adjusted to reflect caseload composition by age and service volume statewide

* Significantly different from average evaluation of autonomy statewide (p =.05)

Positive Narrative Comments

Consumers Served by CRT Programs in Vermont



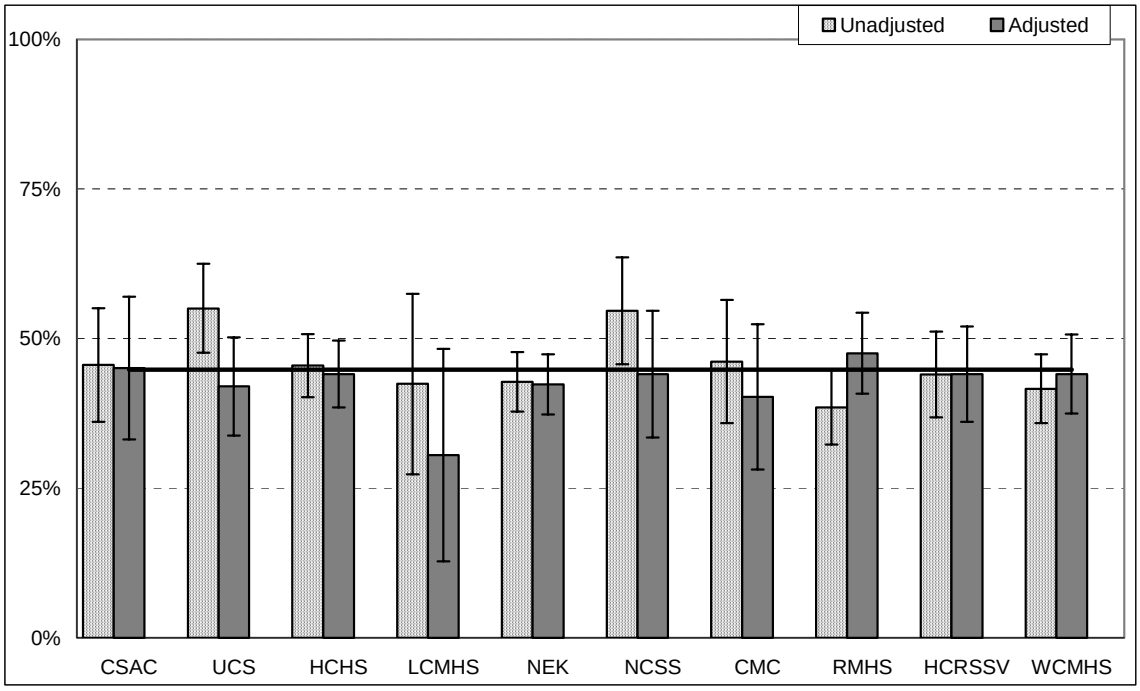
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	69	55	79%	(72%-87%)	80%	(72%-87%)	*
Bennington - UCS	89	66	74%	(68%-81%)	72%	(65%-79%)	
Chittenden - HCHS	222	156	70%	(65%-75%)	70%	(65%-75%)	
Lamoille - LCMHS	33	27	82%	(70%-94%)	82%	(69%-94%)	
Northeast - NEK	187	143	76%	(72%-81%)	75%	(71%-80%)	
Northwest- NCSS	88	69	79%	(72%-86%)	82%	(71%-93%)	
Orange - CMC	52	32	62%	(51%-72%)	61%	(50%-72%)	*
Rutland - RMHS	135	85	63%	(57%-69%)	63%	(57%-69%)	*
Southeast- HCRSSV	127	85	68%	(61%-75%)	68%	(60%-75%)	
Washington - WCMHS	174	129	75%	(70%-80%)	76%	(71%-81%)	
Statewide	1176	847	72%		72%		

[1] Statistically adjusted to reflect caseload composition by schizophrenia and affective disorder statewide

* Significantly different from average positive comments statewide (p =.05)

Negative Narrative Comments

Consumers Served by CRT Programs in Vermont



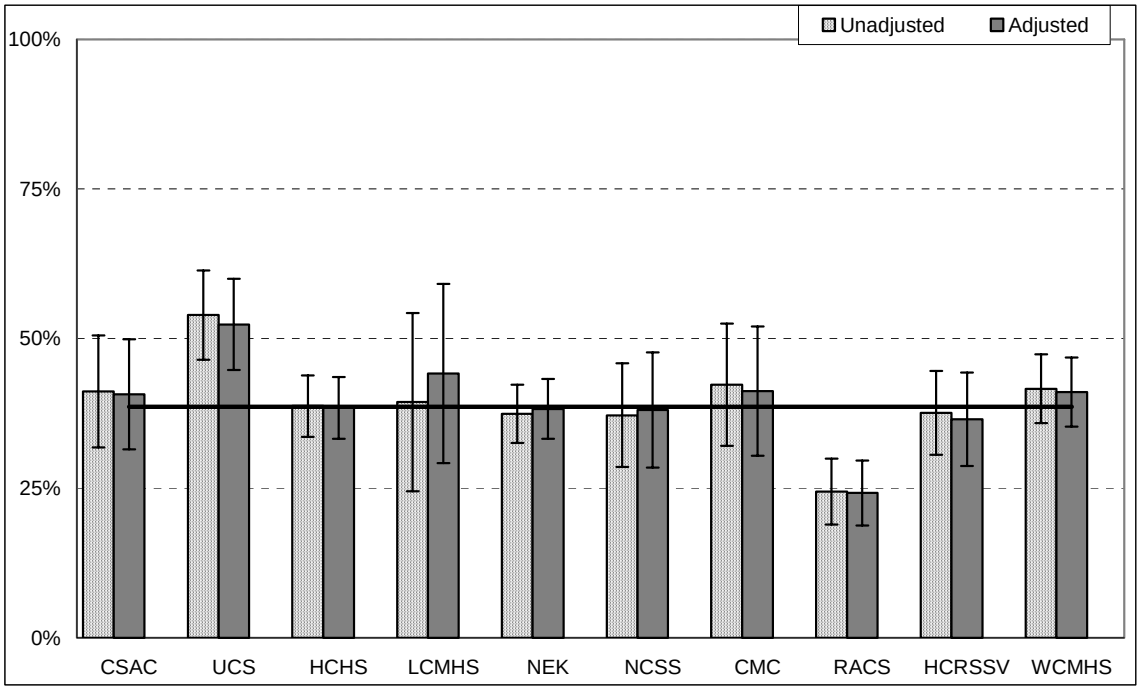
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Negative	Percent	(CI)	Percent	(CI)	
Addison - CSAC	69	32	46%	(36%-55%)	45%	(33%-57%)	
Bennington - UCS	89	49	55%	(48%-62%)	42%	(34%-50%)	
Chittenden - HCHS	222	101	45%	(40%-51%)	44%	(38%-50%)	
Lamoille - LCMHS	33	14	42%	(27%-57%)	31%	(13%-48%)	
Northeast - NEK	187	80	43%	(38%-48%)	42%	(37%-47%)	
Northwest- NCSS	88	48	55%	(46%-64%)	44%	(33%-55%)	
Orange - CMC	52	24	46%	(36%-56%)	40%	(28%-52%)	
Rutland - RMHS	135	52	39%	(32%-45%)	48%	(41%-54%)	
Southeast- HCRSSV	127	55	44%	(37%-51%)	44%	(36%-52%)	
Washington - WCMHS	174	72	42%	(36%-47%)	44%	(37%-51%)	
Statewide	1176	527	45%		45%		

[1] Statistically adjusted to reflect caseload composition by age, service volume and schizophrenia statewide

* Significantly different from negative comments statewide (p =.05)

Positive Comments about Services

Consumers Served by CRT Programs in Vermont



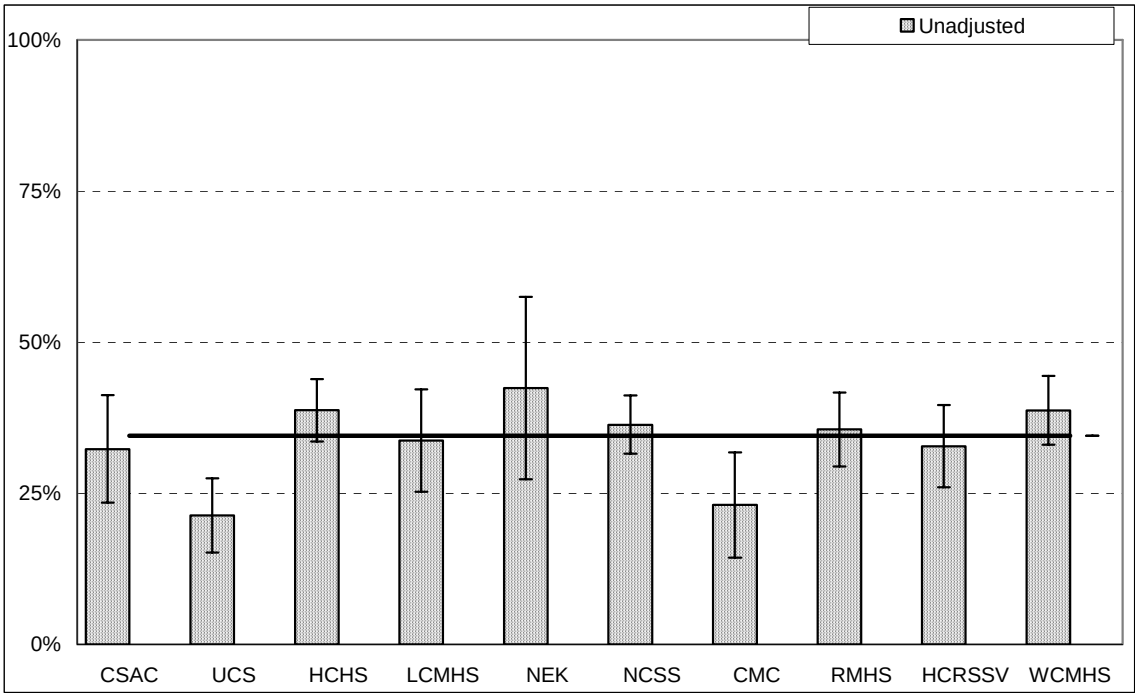
Region-CMHC	Respondents		Unadjusted Scores		Adjusted Scores[1]		Significance
	Total	Positive	Percent	(CI)	Percent	(CI)	
Addison - CSAC	69	29	41%	(32%-51%)	41%	(31%-50%)	
Bennington - UCS	89	48	54%	(46%-61%)	52%	(45%-60%)	*
Chittenden - HCHS	222	86	39%	(34%-44%)	38%	(33%-44%)	
Lamoille - LCMHS	33	13	39%	(24%-54%)	44%	(29%-59%)	
Northeast - NEK	187	70	37%	(33%-42%)	38%	(33%-43%)	
Northwest- NCSS	88	33	37%	(29%-46%)	38%	(28%-48%)	
Orange - CMC	52	22	42%	(32%-53%)	41%	(30%-52%)	
Rutland - RMHS	135	33	24%	(19%-30%)	24%	(19%-30%)	*
Southeast- HCRSSV	127	47	38%	(31%-45%)	37%	(29%-44%)	
Washington - WCMHS	174	72	42%	(36%-47%)	41%	(35%-47%)	
Statewide	1176	453	39%		39%		

[1] Statistically adjusted to reflect caseload composition by schizophrenia and affective disorder statewide

* Significantly different from average positive comments about services statewide (p =.05)

Positive Comments about Staff

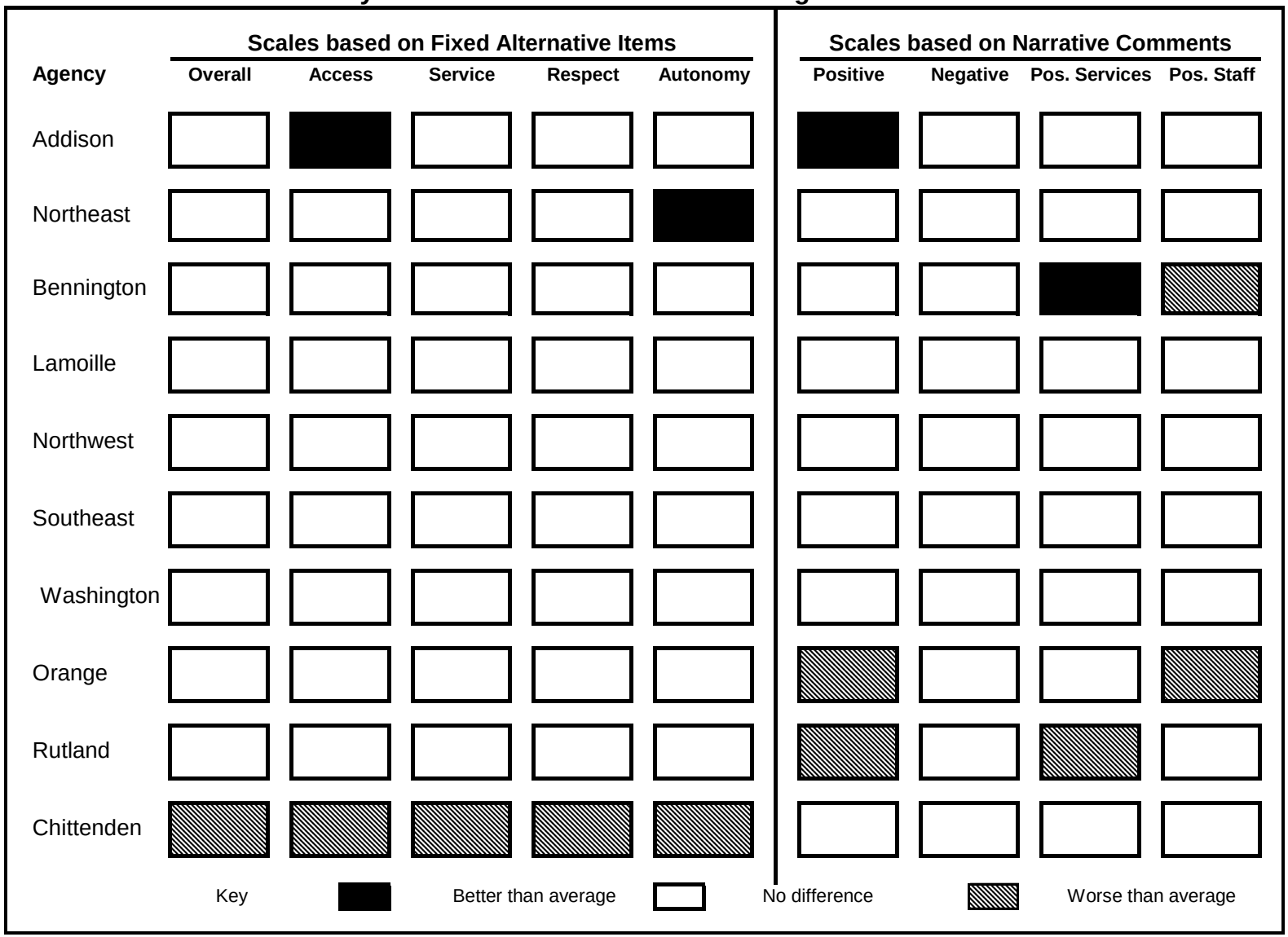
Consumers Served by CRT Programs in Vermont



Region-CMHC	Respondents		Unadjusted Scores		Significance
	Total	Positive	Percent	(CI)	
Addison - CSAC	69	35	32%	(23%-41%)	
Bennington - UCS	89	38	21%	(15%-27%)	*
Chittenden - HCHS	222	135	39%	(34%-44%)	
Lamoille - LCMHS	88	41	34%	(25%-42%)	
Northeast - NEK	33	19	42%	(27%-57%)	
Northwest- NCSS	187	140	36%	(32%-41%)	
Orange - CMC	52	22	23%	(14%-32%)	*
Rutland - RMHS	135	85	36%	(29%-42%)	
Southeast- HCRSSV	127	61	33%	(26%-40%)	
Washington - WCMHS	174	111	39%	(33%-44%)	
Statewide	1176	687	34%		

* Significantly different from average for positive comments about staff statewide (p =.05)

Positive Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont: 2001



APPENDIX VI

COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT

This report provides assessments of the ten regional Community Rehabilitation and Treatment Programs that are designated by the Vermont Department of Developmental and Mental Health Services. CRT Programs serve clients who are severely disabled because of mental illness. Frequently these programs are providing community services as an alternative to institutionalization. In addition to regular outpatient services, CRT Programs provide day treatment services, case management services, vocational services and a variety of residential services to clients who have a chronic mental illness. Throughout this report, these CRT Programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison Counseling Service of Addison County in Middlebury.

Bennington United Counseling Services in Bennington.

Chittenden Howard Center for Human Services in Burlington.

Lamoille Lamoille County Mental Health Services in Morrisville.

Northeast Northeast Kingdom Mental Health in Newport and St. Johnsbury.

Northwest Northwestern Counseling and Support Services in St. Albans.

Orange Clara Martin Center in Randolph.

Rutland, Rutland Mental Health Services in Rutland.

Southeast Health Care and Rehabilitation Services of Southeastern Vermont in Bellows Falls.

Washington, Washington County Mental Health Services in Berlin and Barre.